

## Doctor's Order Forms

Physician's Individual Orders for Camp Participant

This must be completed by the health care provider in order to allow the administration of over the counter/as needed medication, and submitted to The Camp At Findley prior to your child attending the camp.

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Weight \_\_\_\_\_

Standard over the counter medications/PRN (name brand or generic counterpart) can be given at the discretion of the camp nurse after the campers symptoms are evaluated with signed permission of this form.

Drug Name (or generic)	Dosage	Reason to Give	Permission	Comments
Triple Antibiotic		Cut/Scrape	Yes / No	
Robitussin		Cough	Yes / No	
Benadryl		Allergies/Congestion	Yes / No	
Imodium AD		Diarrhea	Yes / No	
Bactine		Insect Bite/Poison Ivy	Yes / No	
Tylenol/Advil		Headache	Yes / No	
Pepto Bismol		Upset Stomach	Yes / No	
Chloraseptic		Sore Throat	Yes / No	
Ben gay		Muscle Aches	Yes / No	
Cough Drop		Cough	Yes / No	
Calamine Lotion		Insect Bite	Yes / No	
Other				
Other				
Other				

Doctor Signiture \_\_\_\_\_

Date \_\_\_\_\_